



01/29/01

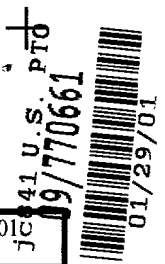
Please type a-plus sign (+) inside this box ☐

PTO/SB/05 (12/97)

Approved for use through 9/30/00 OMB 0651-0032

Patent and Trademark Office U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.




<b>Utility Patent Application Transmittal</b>  <small>(only for nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	TPL 121	DATE	January 29, 2001
	Inventor (s) Sabit SAY			
	TITLE	EXTENDED REACH VDSL		

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents <b>ADDRESS TO:</b> Box Patent Application Washington, DC 20231																
1. <input checked="" type="checkbox"/> Patent Application Fee Determination Record (Submit an original, and a duplicate for fee processing)																	
2. <input checked="" type="checkbox"/> Specification [Total Pages 18] (preferred arrangement set forth below) <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>																	
3. <input checked="" type="checkbox"/> Drawing(s) Figures 1-4 [Total Sheets 4]																	
4. Oath or Declaration [Total Sheets 1] <input checked="" type="checkbox"/> Newly executed (original or copy)																	
<table border="1"> <tr> <th colspan="2">ACCOMPANYING APPLICATION PARTS</th></tr> <tr> <td>8. <input checked="" type="checkbox"/> Assignment &amp; Recordation Cover Sheet [Total pages 3]</td><td></td></tr> <tr> <td>9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Total Pages ] [Total References ]</td><td></td></tr> <tr> <td>12. <input type="checkbox"/> Preliminary Amendment [Total Pages ]</td><td></td></tr> <tr> <td>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</td><td></td></tr> <tr> <td>14. <input checked="" type="checkbox"/> Small Entity Assertion</td><td></td></tr> <tr> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s)</td><td></td></tr> <tr> <td>16. <input type="checkbox"/> Other: _____</td><td></td></tr> </table>		ACCOMPANYING APPLICATION PARTS		8. <input checked="" type="checkbox"/> Assignment & Recordation Cover Sheet [Total pages 3]		9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Total Pages ] [Total References ]		12. <input type="checkbox"/> Preliminary Amendment [Total Pages ]		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)		14. <input checked="" type="checkbox"/> Small Entity Assertion		15. <input type="checkbox"/> Certified Copy of Priority Document(s)		16. <input type="checkbox"/> Other: _____	
ACCOMPANYING APPLICATION PARTS																	
8. <input checked="" type="checkbox"/> Assignment & Recordation Cover Sheet [Total pages 3]																	
9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Total Pages ] [Total References ]																	
12. <input type="checkbox"/> Preliminary Amendment [Total Pages ]																	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)																	
14. <input checked="" type="checkbox"/> Small Entity Assertion																	
15. <input type="checkbox"/> Certified Copy of Priority Document(s)																	
16. <input type="checkbox"/> Other: _____																	

**18. CORRESPONDENCE ADDRESS**

If the check is missing or made out for an insufficient amount, please charge our deposit account, No. 18-0002, and notify us accordingly.

	
NAME	Thomas M. Champagne (Reg. No. 36,478) - Rabin & Champagne, P.C.
CUSTOMER NUMBER	23995
COUNTRY	USA
TELEPHONE	(202) 659-1915
FAX	(202) 659-1898

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

TPL 121

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	51 minus 20 =	* 31
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$355
x 9 =	279
x 40 =	40
+ =	
TOTAL	674

RATE	FEE
	\$
x \$ =	
x \$ =	
+ =	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ =	
x \$ =	
+ =	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x \$ =	
x \$ =	
+ =	
TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ =	
x \$ =	
+ =	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x \$ =	
x \$ =	
+ =	
TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ =	
x \$ =	
+ =	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x \$ =	
x \$ =	
+ =	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Bureau Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

FORM TPL 121